

# DISINFECTION BYPRODUCT ANALYSES

## (ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Form: 3300-218  
10/09

### Section I: To be completed by the Department of Natural Resources/SAMPLER

System Name: \_\_\_\_\_ System Type: (Check one) MC\_\_\_ NN\_\_\_ OC\_\_\_ TN\_\_\_  
System \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Region \_\_\_\_\_  
Entry Point WI Unique  
Pws Id#: \_\_\_\_\_ ID: \_\_\_\_\_ Well No: \_\_\_\_\_ DNR Contact: \_\_\_\_\_

Sampler Phone/Name/Address (Notify DNR Contact of Corrections)	<b>Sampler</b> If the laboratory has the ability to fax or e-mail results to you and you would like the lab to do that, please provide the appropriate information (leave blank if you prefer a paper copy):  Fax number: _____  E-mail: _____
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<b>Sample Source:</b> ___ W Well ___ E Entry Point ___ D Distribution System	<b>Sample Type:</b> ___ D Compliance Sample ___ C Confirmation Sample ___ I Investigation Sample ___ W Raw Water Sample
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### Special Instructions: \_\_\_\_\_

Collect sample between: \_\_\_/\_\_\_/\_\_\_ and \_\_\_/\_\_\_/\_\_\_

### Section II: To be completed by SAMPLER -- ALL ITEMS REQUIRED

Sample Collection Date \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_ : \_\_\_ ☐ a.m. ☐ p.m.  
mm dd yyyy  
Address where sample was collected: \_\_\_\_\_  
Monitoring Point ID: \_\_\_\_\_ Sample Point Description: \_\_\_\_\_  
First Initial and  
Last Name of Sampler: \_\_\_ - \_\_\_\_\_

### Section III: To be completed by LAB. Report test results on back for PWS and electronically to DNR within 10 days per NR 809.80

☐ Check here if some or all of the parameters were analyzed by a subcontracted lab.  
**NOTE: A separate form must be completed by each lab with data for only the parameters which that lab analyzed.**

Laboratory ID Number: _____	Laboratory Name: _____	
Date Sample Received: ___/___/___	Time Sample Received: ___ : ___	Laboratory Sample ID: _____
Signature of Receiving Lab Official: _____	Date Reported to PWS: ___/___/___	
Condition of Sample Upon Receipt: _____		

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 nor more than \$100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirement is under s. 280.13(d), Wis. Stats. and ch. NR 809.80. Personally identifiable information on this form will be used for no other purpose.

This page to be completed by the laboratory performing analysis.

PWS ID: \_\_\_\_\_

Lab Sample ID: \_\_\_\_\_

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
32101	BROMODICHLOROMETHANE				80	UG/L
32104	BROMOFORM				80	UG/L
32106	CHLOROFORM				80	UG/L
82721	DIBROMOACETIC ACID					UG/L
32105	DIBROMOCHLOROMETHANE				80	UG/L
77288	DICHLOROACETIC ACID					UG/L
2456	Total Haloacetic acids (HAA5)				60	UG/L
2453	MONOBROMOACETIC ACID					UG/L
78213	MONOCHLOROACETIC ACID					UG/L
82723	TRICHLOROACETIC ACID					UG/L
82080	TTHM IN WATER,(SUMMATION)				80	UG/L

Approved By    QA Officer: \_\_\_\_\_    Date: \_\_\_\_\_

Laboratory Manager: \_\_\_\_\_    Date: \_\_\_\_\_

Comments: \_\_\_\_\_